



Rec'd 1/30/12

## South Dakota Board of Nursing

South Dakota Department of Health  
722 Main Street, Suite 3; Spearfish, SD 57783  
(605) 642-1388; Fax: (605) 642-1389; www.state.sd.us/doh/nursing

Nurse Aide  
**Application for Re-Approval of Training Program**

All Nurse Aide (NA) Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD 44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

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Spearfish, SD 57783

Name of Institution: New Tec, Inc. Northwestern Work Techn. Ed. Center  
Address: 2911 Industrial Ave.  
Aberdeen, SD 57401  
Phone Number: 605-725-1833 Fax Number: 605-725-2551  
E-mail Address of Faculty: roxiedahl@newtec-sd.net

**Select option(s) for Re-Approval:**

- ☒ Request re-approval *without* changes to program coordinator, primary instructor, supplemental personnel or curriculum
1. List personnel and licensure information
  2. Complete evaluation of the curriculum
- ☐ Request re-approval with faculty changes and/or curriculum changes
1. List personnel and licensure information, attach curriculum vitas, resumes, or work history for new personnel
  2. Complete evaluation of the curriculum
  3. Submit documentation to support requested curriculum changes

**1. List Personnel and Licensure Information:**

**Program Coordinator** must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)

Name of Program Coordinator	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
Mary Ann Tolvstad	SD	R027827	9/4/12	<i>[Signature]</i> 2/14/12

- ☐ If requesting new Program Coordinator, attach curriculum vita, resume, or work history

**Primary Instructor** must be a licensed nurse (RN or LPN) with 2 years nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material. (ARSD 44:04:18:11)

Name of Primary Instructor	RN OR LPN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
Mary Ann Tolvstad	SD	R027827	9/4/12	<i>[Signature]</i> 2/14/12

- ☐ If requesting new Primary Instructor, attach curriculum vita, resume, or work history, and attach documentation supporting previous experience in teaching adults within the past five years or documentation of completing a course in the instruction of adults.

**Supplemental Personnel** may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12) *If requesting new Supplemental Personnel, attach curriculum vita, resume, or work history.*



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- ☐ Mental health and social services, including: responding appropriately to behaviors; awareness of developmental tasks associated with aging process; respecting personal choices and preserving client dignity, and recognizing sources of emotional support;
- ☐ Care of cognitively impaired clients, including: communication and techniques for addressing unique needs and behaviors;
- ☐ Basic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation, eating, and dressing; range of motion; turning and positioning in bed and chair; bowel and bladder care and training; and care and use of prosthetic and orthotic devices;
- ☐ Residents' rights, including: privacy and confidentiality; self-determination; reporting grievances and disputes; participating in groups and activities; security of personal possessions; promoting an environment free from abuse, mistreatment, and neglect and requirement to report; avoiding restraints.

Program Coordinator Signature: Mary A Tolsted RN Date: 1/25/12

### This section to be completed by the South Dakota Board of Nursing

Date Application Received: <u>1/30/12</u>	Date Application Denied:
Date Approved: <u>2/16/12</u>	Reason for Denial:
Expiration Date of Approval: <u>Feb. 2014</u>	
Board Representative: <u>[Signature]</u>	
Date Notice Sent to Institution: <u>2/16/12</u>	